PART B - FEE(S) TRANSMITTAL

EComplete and send this form, together with applicable fee(s), to: Mail

01

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(703) 746-4000

appropri indicated mainten	ate. All further con i unless corrected ance fee notification	rrespondence including the l below or directed otherwise ns.	Patent, advance or in Block 1, by (a	ders and not	PUBLICATION FEE (if requification of maintenance fees a new correspondence address	will be mailed to the current; and/or (b) indicating a sep	correspondence address as arate "FEE ADDRESS" for	
	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of a 28765 7590 11/18/2004 WINSTON & STRAWN				papers. Each addition have its own certificat	ertificate of mailing can only be used for domestic mailings of the asmittal. This certificate cannot be used for any other accompanying ch additional paper, such as an assignment or formal drawing, mus on certificate of mailing or transmission. Certificate of Mailing or Transmission		
PA' 140 W A	TENT DEPAR' 0 L STREET, 1	TMENT N.W. DC 20005-3502	JAN 1 0 2	2005	I hereby certify that t States Postal Service addressed to the Ma transmitted to the USI	his Fee(s) Transmittal is bein with sufficient postage for fir il Stop ISSUE FEE address PTO (703) 746-4000, on the	g deposited with the United rst class mail in an envelope above, or being facsimiled date indicated below.	
01/11/200	GNORDOF2 0000	0102 =	E.	ARK			(Depositor's name)	
01 FC:2501	700.00	DA 09937680	TRADE	iw.			(Signature)	
APP	APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO. CONFIRMATION NO.		
	09/937,680 11/29/2001			Zahid Ansari		-19730 000110US- 81400 - 4000	3828	
HILEC	PF INVENTION; M	IETHOD AND APPARATU	S FOR PROVIDI	NG PULSE V	WIDTH MODULATION			
A	APPLN. TYPE SMALL ENTITY		ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nc	nonprovisional YES		\$685 \$706		\$0	3685- ₫ 7 00	02/18/2005	
	EXAMINER		ART UNIT		CLASS-SUBC LASS			
	TRA, AN	IH QUAN	2816	327-588000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIC	ONEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATEN	T (print or type)			
PLEA record	SE NOTE: Unless lation as set forth ir	s an assignee is identified be n 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app T a substitute	pear on the patent. If an assign for filing an assignment.	nee is identified below, the o	document has been filed fo	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
DAYDREAMS LLC WEST PALM BEACH, FLORIDA								
		e assignee category or catego	ries (will not be pr	inted on the p	patent): 🗖 Individual 🛣 C	orporation or other private gr	oup entity Government	
	ollowing fee(s) are	enclosed:	4b	Payment of	` '			
	sue Fee	small entity discount permitte	.4)		in the amount of the fee(s) is end to by credit card. Form PTO-203			
	ivance Order - # of		— — —		ector is hereby authorized by count Number 50-1814		credit any overpayment, to	
_ `		(from status indicated above MALL ENTITY status. See	•		cant is no longer claiming SMA			
The Dire NOTE: 1 interest a	ctor of the USPTO he Issue Fee and P s shown by the reco	is requested to apply the Issurblication Fee (if required) words of the United States Pate	ue Fee and Publica vill not be accepted ent and Trademark	tion Fee (if and from anyon Office.	ny) or to re-apply any previous e other than the applicant; a reg	ly paid issue fee to the applic sistered attorney or agent; or t	ation identified above. he assignee or other party in	
Autho	orized Signature	allan af	ource	 ŝ	Date Ja	anuary 10, 2005		

Typed or printed name Allan A. Fanucci 30,256 Registration No. _ This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.